

Admissions & Records DIPLOMA REPLACEMENT & DUPLICATE REQUESTS

SBCC ID K	Leave blank if not available	Date of Birth (required):
Student Name:		
Student Name to appear on Diploma:		
Phone:	E-mail:	
Type: □ AA / AA-T □ AS/AS-T □ Certifica	ite of Achievem	nent Skills Competency Award
Program(s) of Study:		
☐ Fall ☐ Spring ☐ Summer	Year Awarded:	
Replacement/duplicate fee is \$20 per diplo	oma. Number of	or copies requested:
Mailing Address:		
or Pick up in person from Admiss	sions & Records	s. Pickup notification will be sent by email.
Fees and Payment		
responsibility to log in and pay fees. I acknown record.	wledge that fail	lied after receipt of completed form. It is my lure to do so will result in a financial hold placed on my your SBCC ID number on the check if available.
Signature:		Date:
Submit the completed form to SBCC Admissions & Records, 721 Cliff Drive, Santa Barbara, CA 93109; email to diplomas@sbcc.edu ; or fax to (805) 962-0497. Visit sbcc.edu/diplomas for more information about diplomas.		
OFFICE USE		
Total \$ Check enclosed Pipeline Char	rge Paid at Cas	shier Date Printed Processed by
		Rev. 9/6/24